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ABSTRACT

This paper presents proceedings of a 2000 conference on the disproportionate number of African American children in out-of-home placements. The objectives of the lecture and issues forum were to provide a forum where people concerned with the welfare of African American children and families in Minnesota could discuss concerns; to promote meaningful dialogue and cooperative problem solving regarding the status of African American children in the welfare system; and to explore issues and strategies that address child wellbeing and safety and safeguard communities of color. Papers include: "History and Significance" (Glenda Dewberry Rooney); "Where Does it Begin?" (Thomas Morton); and responses from the field (Peggye Mezile, African American Family Services; Nancy Rodenborg, Augsburg College; Ted Thompson, Licensed Practitioner; and David Thompson, Minnesota Department of Human Services). (SM)

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Breaking the Silence:
A Candid Discussion on the Disproportionality of African American Children in Out-of-Home Placement

Proceedings of the Gamble-Skogmo Lecture and Issues Forum
November 1, 2000
University of Minnesota

Sponsored by the
University of Minnesota
Gamble-Skogmo Land Grant Chair in Child Welfare & Youth Policy
Co-Sponsored by
The School of Social Work
Center for Advanced Studies in Child Welfare

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March, 2001

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These conference proceedings are the transcribed remarks of the presenters.

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Recognition is due to the four panelists, Peggye Mezile, Nancy Rodenborg, Dave Thompson and Ted Thompson. Together with Thomas Morton, their presentations stimulated the dialogue and advanced our understanding of the complex and multifaceted issues that surround the status of African American children and families in child welfare.

Finally, a note of appreciation is due to those of you who participated in the day. Among the participants were state and county child welfare professionals and administrators, religious and community leaders, members of the community at large and community agency staff, and social work educators. It is because of your genuine concern and interest in this matter that we were able to initiate the dialogue with a focus on problem solving and the well being of African American children and families.

Glenda Dewberry Rooney
March, 2001

Gamble-Skogmo Lecture & Issues Forum

Breaking the Silence:

A Candid Discussion on the Disproportionality of African-American Children in Out-of-Home Placement

PROGRAM

9:30 a.m. **Registration**

10:00 a.m. **Welcome**, presented by **Jean Quam**
Director, School of Social Work
Introduction
History and Significance, presented by **Glenda Dewberry Rooney**
Gamble-Skogmo Land Grant Chair in Child Welfare and Youth Policy

10:15 a.m. **"Where Does it Begin?"** Keynote address by **Thomas Morton**
Executive Director of the Child Welfare Institute, Atlanta, GA.

11:15 a.m. **Question & Answer Session**

11:30 a.m. **Lunch**

12:30 p.m. **Panel Discussion**
Peggy Mezile, Clinical Director, African American Family Services;
Nancy Rodenborg, Assistant Professor & BSW Program Director, Augsburg College;
David Thompson, Minnesota Department of Human Services
Ted Thompson, Licensed Practitioner

1:30 p.m. **Break**

1:45 p.m. **Participant Reflection;**
Question and Answer Session

2:30 p.m. **Summary & Synthesis; Wrap up**

Planning Committee
Glenda Dewberry Rooney, Gamble Skogmo Land Grant Chair in Child Welfare and Youth Policy
Joan Blakey, Minnesota Department of Human Services, Children's Services, Children of Color Outreach Initiative
Priscilla Gibson, Assistant Professor, School of Social Work, University of Minnesota
Gail Walters, Associate Director of Field Instruction, School of Social Work, University of Minnesota

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Introduction

Concern for children and families of color as recipients of child welfare services peaked following the passage of the Adoption and Safe Family Act, 1997. In particular are concerns about African American children, and their disproportionate representation in the child welfare system, given their numbers in the population. This collection of papers, which represent the proceedings of the first in a three part series of the Gamble-Skogmo Lecture and Issues Forum, captures the essence of the concerns and questions expressed by professionals and the African American communities.

The objectives of the lecture and issues forum were threefold. First, was to provide a forum where individuals and group concerned with the welfare of African American children and families in Minnesota could come together to discuss concerns. A second objective was to promote meaningful dialogue and cooperative problem solving regarding the status of African American children in the child welfare system. Finally, it was hoped that together through listening, learning and understanding, there could be an exploration of the issues and strategies that address child well-being and safety and which safeguard communities of color. Given the momentum of the concern in Minnesota and around the country, a discussion on the matter of disproportionality was both warranted and timely.

History and Significance

Glenda Dewberry Rooney
2000-2001 Gamble-Skogmo Land Grant Chair in Child Welfare and Youth Policy
School of Social Work, University of Minnesota

I want to mark your interest in this topic and say how much I appreciate your participation. As many of you know, this is a topic of great interest and great passion to me and to those of you who have heard me talk about this before, I promise I'll try and talk about it in a different way than you've previously heard.

My task is to provide an overview of why we are gathered here and what we hope to accomplish. I want to start out by acknowledging child abuse and neglect is a major social concern. The formal practice of the care of children outside of the home dates back to the nineteenth century. There has also been over time, informal arrangements between kin, neighbors and friends. Child abuse, we must also acknowledge exists in all socio-economic levels and racial and cultural groups. Yet a disproportionate number of children of color are placed outside of the home.

The out of home placement of children of color in many respects, is a new old issue. Looking backward, for those of us who remember foster care, we find that over representation in child welfare is an old concern. We are also able to observe that foster care, a form of care and an alternative for the vulnerable child was a social and public policy that raised concerns about racism, the disconnection of children from their family, kin and community and culture and the lack of permanence.

In the intervening years, public policy led to child welfare initiatives that emphasized preservation, keeping siblings together, kinship care and reunification. Today, we revisit the out of home placement of African American children as a new concern. Prompted by the more recent state and federal child welfare laws that currently places highest priority on the early development of children and which emphasized concurrent planning through the rapid solution of family problems, while simultaneously exploring adoption.

As children of color, in general and African American children specifically, are disproportionately placed out of the home, their families and communities are in consequence, disproportionately affected by this colorblind policy. The focus of today's conference is on African American children. It is not intended to exclude other children of color, but rather is an attempt to bring the African American community, professionals and other interested persons together to examine and understand out of home placement as a community concern and engage in exploring solutions.

How big is the problem?

1998 data provided by the Minnesota Department of Human Services informs us that African American children comprise 4% of the State's population of children. But 22% percent of children in out of home care. Looking at the larger metro counties, in Hennepin for example, African American children, account for 51% in out of home placement, 42% in Ramsey, Dakota 13% and Anoka 9% (Minnesota Department of Human Services Children's Services, 2000). The issue is disproportional in relation to their numbers in the population. As observed by our speaker today, Thomas Morton, the state where the racial minority population is small, a numerically small over representation can produce a larger ratio (Morton, 1999).

What conclusions can be drawn from these numbers?

Are African American parents less capable, less willing to parent? Are risk assessments and institutional decisions and practices biased? Is there a relationship between poverty, minority status and out of home placement?

Over the past several decades, research has attempted to identify factors associated with the higher incidence of African Americans and other families of color in the child welfare system. Explanations for the involvement of large numbers of minority children in the child welfare system include the National Incidence Studies of Child Abuse and Neglect that link out of home placement to family structure, poverty and illicit drug use (U.S Department of Health and Human Services, 1997). Thomas Morton (1999), in a review of findings from three national incidence studies of child abuse and neglect, conducted by the US department of Health and Human Services, has suggested that these indicators are insufficient with regard to African American families when compared to non-minority and other minority families. Another study (Craft and Staudt, 1991) examined community definitions of neglect in rural and urban communities and concluded that community contacts are among the factors to be considered. In addition, these researchers assert that characteristics of the children and family and the policies and practices of protective services influence decisions and disposition in child abuse and neglect cases. This assertion is supported somewhat by data from my own research in which poor and minority women participating in a focus group conducted in Minneapolis, perceived a level of intrusive power, and intense scrutiny, by society and in social welfare, education and healthcare systems that placed them at greater risk for report and findings of neglect (Rooney, Neathery & Zuzek, 1997). These women also articulated that they felt virtually unnoticed by policy makers, nor did they believe that policymakers understood their concerns or their circumstances. Although these women supported the role of child welfare and child protective services, and also the notion of personal responsibility, they were concerned that child welfare investigations almost always resulted in removal without resolving the family problems.

Finally, there are studies, including research conducted by panelist Nancy Rodenborg, Augsburg College, that assert that race and discrimination accounts for the disproportionality of African American children in the child welfare system as well as the services that are provided to restore their families (Courtney, 1994). The relationship between race, ethnicity and class in protective services is complex but as Courtney and other researchers have suggested, the factor of race must be included in

the assessment and delivery of child welfare services (Courtney, Barth, Berrick, Brooks, Needell & Park, 1996; Courtney, 1994; Stehno, 1990).

We know that despite poverty, coping with housing, neighborhoods, fragmented or fractionalized personal relationships, many African American families exhibit enormous strength, resilience and provide nurturing for their children. There are also those families where children must be removed to ensure their health and safety. Child welfare services operate under policy mandates that emphasize the health and welfare of all children as a central concern. Little discretion, often a source of tension between the child welfare system and the community, can be exercised in how this policy is to be implemented. At the same time, the African American community is increasingly alarmed by the consequences of these mandates. Panelist Peggye Mezile, Clinical Director or African American Family Services, will discuss concerns from the perspective of a community agency servicing African American families, many of whom are involved with child welfare protective services.

We also are pleased to have Dave Thompson of Minnesota Department of Human Services who will talk to us about the Alternative Response Program, an initiative intended to offer assessment to families instead of the traditional approach of investigation.

What are the concerns and why now?

The majority of the children are placed outside of the home as a result of neglect. Different from abuse, neglect may be related to substance abuse, homelessness, sub standard housing, parental functioning, stressors or relationships, and in some cases, circumstances beyond parental control. The why now question relates to the Adoption and Safe Family Act, 1997 which is perceived as having accelerated the long standing trend of out-of-home care for African American children. The law combined with the Multiethnic Placement Act, 1994 (MEPA), and the Interethnic Placement Act, 1996 (IEPA), is further perceived as expressions of policy that fails to consider race and culture as significant to ***best interest*** consideration in placement of African American children.

Moreover, many of the indicators outlined in the Adoption and Safe Families Act as evidence or indicators, makes removal inevitable for a significant number of African American families (Morton, 1999). For example, under Minnesota statutes, a permanency hearing was previously indicated if a child had been placed outside of the home for a cumulative period of twelve months in the past five years. Provisions under the Adoption and Safe Family Act conversely deem a child to be in need of protective services who has been in care fifteen of the past twenty-two months. In light of the current representation of African American children in the system, as articulated by Thomas Morton (1999), "it would seem reasonable to assume that the child most likely to be affected by this new law is African American."

The focus on early development is also another issue of concern as is the six-month time frame in which parents are allowed to get their act together. Furthermore there is a concern that timelines, limited or marginal support for kinship care and the lack of adoptive homes will create what the Center for Advanced in Child Welfare and others have termed "legal orphans." Specifically,

Minnesota and other states will eventually be faced with large populations of children whose ties to their kin and community have been legally severed.

Thus, observers pose the question: ***What safeguards exist to ensure that the problems referred to as "foster care adrift" will not become a renewed concern?*** Panelist Ted Thompson, Psychologist, private practitioner and consultant will share his observations of the long-term effects of out of home placement from a clinical perspective, in part addressing this question, as well as concerns related to development.

The African American community, to be sure, shares concerns for child and health safety consistent with that of child welfare professionals, administrators and policy makers. Certainly the community understands the developmental needs for children who remain in unhealthy situations. Yet, the community's preference is that race and family are priority considerations when placement and adoption is the appropriate solution. Ties to the community from the African American perspective (and I'm not trying to speak for all African Americans, but just simply those for whom I have tried to summarize their opinions), is also considered to be an essential factor in the development of African American children.

There is also the part that becomes very emotional and passionate. The removal of African American children from their home, kin and community as insurance of safety and well-being is a very emotional issue. It is an emotional issue because separating children from their families has historical significance in the collective psyche of the African American. Thus, the emergence of a primary concern and question, specifically, ***What are the effects of policy that addresses the early developmental stages of children have appears to de-emphasize issues that emerge in adolescents as a result of separation from family and community.***

Finally, the Adoption and Safe Families Act is perceived as promoting adoption as permanent, but giving inadequate attention to resources for family preservation and reunification. Intended to ensure permanence in a timely manner and to avoid leaving children in limbo status, this law fast-forwards the process by uniform timelines established for parent. But, as one foster parent said to me, "given all of my resources and without the difficulties many of these families face, I am not certain that I could get my act together in six months."

In almost every state in the U.S., concern related to the out of home placement of African American children and other children of color has emerged often raising more questions than answers. On the national level, a group of minority child welfare professionals, convened a leadership meeting in June, and again in October, to address the issue of race, class and culture in child welfare.[♠] This group is organized around a national dialogue on race and their primary mission is to articulate and address the racial, class and cultural biases that exist in public policies in the child welfare system. Among the goals of the group is to explore the development and introduction of a new bill to congress that would promote racially sensitive and culturally competent family preservation services.

[♠] The National Family Heritage Coalition for Racial and Cultural Competence Child Welfare

In Minnesota, a group of African American community activist religious leaders have established a Commission on Minnesota's African American Children (COMAAC). The vision of this group is to protect the long-term best interests of African American children and families by preserving the family system and maintaining the continuity of the African American family and community. In your packet, you will find an information sheet about COMAAC.

The overall objective of this day, the Gamble-Skogmo Lecture and Issues forum, is to provide an opportunity to listen and to learn and to promote meaningful dialogue about the status of African American children in child welfare. While this topic can be emotional and controversial the planners envisioned this day as one in which professionals and the community can engage in a sharing of ideas and reflect on solutions. Throughout this day, we welcome and believe that it is important that as many opinions as possible are heard and recognized.

The lecture today, to borrow from the title Thomas Morton's keynote, "Where does it begin?" is the first of three planned events. The second on November 28 is a public forum at Lucille's Kitchen and can be heard live on KMOJ radio 89.9 FM. The public is invited to participate. Among the speaker is Ella Graves, a non-relative foster parent, the Reverend Randy Stanton representing the Coalition of Black Churches and African American Leadership. Reverent Stanton is a community activist and religious leader who was involved in the Minnesota Heritage Act of 1990. This event, cosponsored with COMAAC, and the School of Social Work is intended to promote community awareness and continue the dialogue.

As participants today, you will be asked to reflect upon three questions. What have we learned as a result of the lecture and panel presentations? What other information is needed to inform the dialogue? And perhaps the most central questions, where do we go from here? As my colleague Esther Wattenberg is fond of saying, "At some point there is a need to stop admiring the problem." Toward this end, the third and final event on December 12th is an opportunity for interested persons to come together with COMAAC and the Gamble-Skogmo Chair and the School of Social Work in synthesis of what we have learned and to explore community and/or legislative strategies that can be taken to ensure the health, well being and safety of African American children. Note the blue card in your packet. Those of you who are interested in the December meeting should complete and return the card in the box located at the registration table. The position paper developed by the national group is also available.

I want to thank you very much for coming. At this point, it is my pleasure to introduce Thomas Morton. He is the president and founder of The Child Welfare Institute. He also serves as a co-director of the National Research Center on Child Maltreatment. He is a graduate of the University of Michigan and currently a doctoral candidate in Public Administration at the University of Georgia. He served on the staff of the University of Michigan's School of Social Work, the University of Tennessee, Georgia and North Carolina. Presently, he is serving as a UNICEF consultant to the Minister of Education in Russia to support the development of child protective services. Please join me in welcoming, Thomas Morton, to the first part of the Gamble-Skogmo Lecture and Issues Forum. Thank you very much.

Where Does it Begin?

Thomas Morton
Executive Director, Child Welfare Institute
Atlanta, GA

Good morning. It is a pleasure to be here....I want to begin by stating the obvious: this is a difficult area for a lot of people to talk about. Personally, I think one of the things that makes it difficult for people to talk about [this subject] is that part of what Alex Huxley described in Brave New World has come true. That is, we have "new speak" and we the "thought police". "New speak" we call *politically correct* language, and the "thought police" is the *value police* who seem dedicated to assuring that all of us espouse at least the right value frames. The dilemma in this is that learning requires attempting and often failing. If we hold each other accountable for only succeeding, we will only try in areas that we are confident in succeeding. Whether it is cultural competence or any other form of competence, we have to somehow become aware of, and tolerant of, others' efforts to learn--which means inevitably they will make mistakes. Therefore, I would suggest to you that we have a dilemma. One of many people I admire ...is a man named Charles Weltner Jr. A name probably not familiar to many of you, he was one of seven southern congressmen to vote in favor of the Civil Rights Act of 1964. After doing so, Charles commented that no man's thoughts or actions should be constrained by the limited perception of his own past or else he can never grow. Cognitive psychologists have a concept called "functional fixedness", which is what happens when what we know and believe prevents us from seeing new solutions. Each of us comes in to this room today with a certain *functional fixedness*, driven by our education, our learning, our family experiences and our personal history. There is another line along that path I like as well, and that is "One cannot learn from the past until one is willing to forgive it." Our anger about the past and to some extent, about the present, often makes it difficult to help people. So, keep in mind today that if you came only to hear the words that affirm what you already believe there probably won't be any growth. If you came only to argue with the [facts] that don't fit the picture, that won't work either. One of my favorite corollaries to Murphy's Law is that the experiment can be considered a success if no more than 50% of the original data has to be thrown out in order to confirm the preferred hypothesis. To some extent, I am a trained social worker, but we are a field that is occasionally a "don't confuse me with the facts" field....

I would like to begin by setting this up with a two-part story. I don't know how many of you have ever played the game *Truth or Fiction* but it is a pretty simple game. You are given a piece of information and you have to decide if it is truth or fiction....

The first part of this story, pretty much everyone would agree is actual truth. It happened. European immigrants came to the United States and found an enormous amount of land. [It was so large in fact, that] even when bringing indentured servitude from England, itself a form of slavery, [this system] could not manage the task of cultivating large areas of land. The Dutch and the

Spanish and others found that raiding the coast of Africa and transporting African people (slaves) to these shores would fulfil the need for labor for an agrarian economy. That practice continued for well over 200 years until the mid 1800's when President Lincoln signed the Emancipation Proclamation and freed the slaves--although it did not free them entirely from all the things that went with their transportation to this country. But never the less there is a history, if you will, of African people being used as free labor in an agrarian economy where the raw material was cotton and other farm related goods. Part I, most of us would agree that in a short sense that actually happened.

Now, let me tell you part II of this story. Beginning in about 1964 with the passage of the Civil Rights Act, the second enslavement of African people in the United States of America began. But none would dare call it slavery, for this time it would just be justified by law. Increasingly, over the period of time since 1964, through a fairly ingenious (if you want to use that word) switch, African American people also became participants in a slave economy in which they were isolated from the social fabric of the United States and from the larger culture. The genius this time was that they were not free labor but rather the raw material in an agrarian economy. Instead of farms and plantations, these agrarian industries were called foster homes, group homes, juvenile detention centers, jails, prisons, congregate care facilities and so forth. Part of the genius of this was that among those people recruited to be overseers, although that term would not be used now, the term social worker, child care worker, prison guard, etc. would be used. They would too, be caught up in this economy and become economically dependent on the care and feeding of their brethren along with other people. This time no one would call it slavery because children were deemed to be unsafe, adults were considered to have violated laws and therefore made the community unsafe, justifying their incarceration and separation from the majority of society. This would continue over the years until the present time in which you have a situation where the majority of people in most of these systems (foster care, corrections, juvenile facilities) are African American. But as I said, no one would dare call it slavery even though this process has separated them from much of society, and has during its inception and throughout its process caused them to be deprived of the opportunity to participate in the greater society. Truth or fiction? You decide.

I'm here mostly to talk about the over representation of African American children in the child welfare system. This is an interesting subject because a lot of people have their own theory, as I may as well, about why this occurs and how it is justified. As Dr. Rooney was talking I was thinking that if you look back in time, there was a time when African American children were under represented in the system: it was prior to 1963. With the passage of the Civil Rights Act came greater opportunity to receive the benefits of being served by governmental entities and the over representation began to expand. In 1963 the Jeter study, the first national study of services to children, youth and their families, observed that about 27% of the children in the child welfare system were made up of ethnic and minority groups. The definition was a little bit different then, but looking back into the late 50's African American children were in fact under represented. By 1997, the second national study found that they represented about 33% of children in out of home care alone. A larger percentage of minority children, meaning children of color, primarily Hispanic, Native American and African American and their families, were represented in the child welfare system. Estimates today center around perhaps as many as 64% of the total population that is served

by child welfare in out of home care are minority children with almost half of those children being African American children.

Flipping back through several years of data this is a little bit different now, as Dr. Rooney pointed out, because it is increasing. According to the third national study which is based on data collected in 1993 and published by the Department of Health and Human Services, African American children represented 41% of the child welfare population nationally, although they were only 15% of the child population of the United States. We have almost three times their proportion of the child population reflected in the child welfare population. In contrast, Hispanic children were 11% of the child welfare population versus 13% of the child welfare population in 1994; or if you will, slightly under represented. (I am going to get to data a little bit later that shows you that in some states they are over represented. But this remains somewhat true nationally.)

This brings me to the point of both the benefit and dilemma of using the term "people of color." It is convenient when we use the term "people of color" to group a lot of people together because when you do that it is a way of denying difference - a very despaired impact. It also aids my social conscience because I can work with Asian Pacific Islanders, for example, and say that I am being culturally competent and I am supporting people of color. This is a group that happens to be under represented in the child welfare system.... In contrast, white children made up 46% of the child welfare population where as they were 69% of the U.S. population. So you see a pattern here that in essence, the proportion of white children in the system is about two-thirds their proportional part of the U.S. child population in 1994, in contrast to African American children who are almost three times their proportion of the population.

There is a difference in patterns when examining use of services. Again, looking at the same study, about 28% of white children entering the child welfare system in open cases enter foster care, 72% are served in their own home. In contrast, 40% of Hispanic children enter foster care with 60% being served in their own home. 56% of African American children enter foster care with 44% being served in their own home. African American children are substantially less likely to receive services in their own family. This is from the 1993 study as well, same source the National Study of Protective Preventative and Reunification Services Delivered to Youth and their Families published by the Children's Bureau in the Department of Health and Human Services.

If we look at the length of time spent in the child welfare system (again, from the same source, 1993) African American children, about 16%, have service episodes of 0 – 3 months. Now this is about the total length the case is open, not length of stay. Twenty percent are out of the system between 4 –18 months and 64% are still on open caseloads at the end of 18 months. In contrast, about 39% (more than two times as many if you will) Hispanic children are out in less than three months. 23% stay 4 – 18 months and only 38% are still in open cases at the end of 18 months. In contrast, 46% of white children entering child welfare open caseloads are out of the system within less than 3 months with only 31% staying over 18 months.

So again, within this group we have double the proportion of African American children in cases that are still open after 18 months compared with white children. This becomes even more significant when you begin to look at foster care as a factor of length of stay. Eighty-three percent of

the children who experienced a foster care placement had a service episode of 18 months or longer. In contrast, only 16% of children who didn't enter foster care have a service episode, or did in 1993, of 18 months or longer. As Dr. Rooney eluded to, if you begin to think of the impact of ASFA and related state enabling legislation, think about who is the child most likely to be in care fifteen of the last twenty-two months: that child is probably African American, most likely an African American male and most likely an African American male over the age of 8 – 10. Actually you could go down lower in age because the circulation in and out of the system for younger children in the African American community is not at the same level as it is for white children.

Who is least likely to become adopted? An African American adolescent male is most likely to be an independent living graduate. If you think about it, you have a huge population of children being manufactured who will turn 18 without the support system of extended family and whose effective kin network is fractured as a result of separation. We do know that about 50% of kids exiting to independent living go back to live with somebody in their family. It is interesting that we couldn't find these people before the age of 18. But, maybe we wouldn't have approved of these placements. Just to digress for a moment, this speaks for a need to deal with family reintegration. In my interviews or conversations with kids exiting to independent living, it is extremely rare that social workers ever talk with them about how they are going to relate to their birth family after they exit care. It is a non-discussion even though we know that 50% of them are going to go back. Whether they go back with mother or aunt is immaterial in this sense. I think a related aspect of this issue is, how are you going to deal with your drug addicted mother now that you don't have this source of support and protection around? She may come to you asking for money, she may come to you asking for support, she may come to you asking you to move in and work and help support her....there is vulnerability when kids exit the system in that regard. I won't say that that is going to happen, but there is a huge potential that we are going to have a large number of African American children who are legal orphans and we all know, for the most part, that the after care system to the foster care system is the adult correctional system.

What explains this? Obviously we have this despaired impact on African Americans. A lot of people would like to believe that the incidence of maltreatment is higher in African American families and that is why we have more African American children in the system. The polite explanation of that is that African Americans suffer the consequences of a number of societal ills: low income, poverty, limited access to resources, greater rates of drug addiction and substance abuse, etc. and that explains why they are over represented in the system. There is an interesting problem that develops: the Department of Health and Human Services has conducted three national incidence studies over the years, most recently by Andrea Sedlack and Diane Brodherst. The national incidence study is unique, but it is not without its design issues and it could be challenged. However, what it attempts to do is get a more accurate statement of incidence. If you deal only with what is reported, we know that a number of incidences of neglect go unreported. So through the use of community ... and employing both a harm standard and an endangerment standard, they try to define or identify incidents of maltreatment that don't come to the agency to include what the data said of those that do to get at a truer understanding of actual incidence.

There is a short window of time for data collection in these studies. There is a reasonable sampling process, but nevertheless, you can challenge the study methodology, no one has made a significant

challenge yet. I'm not saying there won't be one to this study's methodology. So for the time being I am just going to say that this is information that exists.

The information that exists is that although there were marginal but not significant differences in the first study the last two national incidence studies have shown no significant or marginal differences based on race in the incidents of maltreatment. That was true for both the harm standard and the endangerment standard. You think about what does incidence mean? We are talking about number of cases per thousand in the population and it is a nice equalizing number in a sense. It begins to call into question; if African Americans are poorer and that explained higher rates of maltreatment, then there would be a higher incidence of maltreatment in African American families. Yet we have this data that says, three national studies that say there is in fact, no higher incidence in African American families.

So, if we are starting with an equivalent platform and Hispanic families as well as Native American families, we are starting with an equivalent platform of incidence then to the extent you begin to find disparate representation later on it has to be due to something other than initial incidents. What could that be? One of the first things that we notice is a substantial difference in the number of incidents of children being subjects of founded or substantiated, or indicated reports of child maltreatment.

There are a few processes that come into play before that. There is the actual incident of maltreatment, but as I have said the NIS I, II and III basically argue against that reporting. A lot of people would argue that African American families make greater use of public services, therefore, are more greatly exposed to mandated reporters and therefore are more likely to be more frequently reported. The studies of reporting behavior are not equivocal and don't really support or provide no support that African American families are over reported. There is some evidence that sub-populations of mandated reporters tend to report African American families more frequently and for certain kinds of problems, but if you spread it across the board, we don't have definitive evidence that there is a difference in reporting.

We have very little data on investigative behavior (that is, the decision at the hot line to make an official report and follow up with investigation). There is obviously a real potential here because people working either at the state hotline or in local hotlines or intake departments become familiar with neighborhoods. So, if a report comes from a certain neighborhood it may or may not be more likely assigned for investigation. The race is sometimes known at the time the report is given; the location of the child is known, and often in combination with race, there is possibility that we are more likely to say- well, we ought to go out and look at this situation if it is from this neighborhood and its African American as opposed to [it being from]...forgive me for not knowing where rich people in Minnesota live....

There can be a difference in finding or substantiation or indication depending on what your state wants to use. There could be a difference in case opening decisions. These are all decision points along the way where there is triage occurring in the child welfare system. There can be a difference in placement. Now, we have obvious data that there is differential rates in care for African American children and other groups of children, white, Hispanic and so forth. We do not have good data right

now on case openings.... I think it is particularly something you may want to look at in Minnesota. I know that a number of metro counties have adopted the structured decision making model. Chris Baird and his colleagues at the Children's Research Center in Madison, Wisconsin have data that suggests their risk assessment model or scale produces equivalent risk ratings for African Americans and whites. If that is true, and this instrument is actually used for decision making, one would expect to see both equivalent rates of case openings for African American children and white children following substantiation. If they have similar risk patterns, to the extent that this is being used to make placement decisions and other intervention decisions, you would expect to see similar patterns of entry into care. Otherwise, they report a fairly low override, less than 2% of cases involve overrides, what you would have there is possibly an indication that although the risk ratings are the same, the decisions following the risk ratings are not the same. It's just a question of what would explain that.

Another point is reunification or adoption. We know that African American children are less likely to go home and less likely to go home quickly. A large percentage of white children rotate in and out of care in less than three months. That is not true, as we see for African American children. We have higher rates of adoption as a form of permanency for white children than we do for African American children. That is increasing, I think aggressive and innovative efforts like the State of Illinois Home or Relative Reform and Subsidized Guardianship for Relatives have enabled that state in particular to accelerate both adoption and guardianship permanency options for African American children in kinship care.

As I've said earlier, does reporting explain the difference? The studies of reporting are not particularly equivocal and it doesn't seem there is evidence to say it does or it doesn't....We could have possible bias in selecting possible cases for investigation. Possible bias in allegation determination. Possible bias in case opening decisions. Possible bias in child placement decision. Possible bias in reunification and adoption decisions. Or, let's wait a minute. Maybe it's possible that African American families are just more problematic than their Hispanic and white counterparts. And there again they are more vulnerable to poverty, discrimination and other kinds of things. Maybe we ought to explore that.

....

I have said earlier, do African American families present more problems? What is a problem? Hard to say, ...no disrespect for child welfare workers, they have an incredibly hard job, but most systems employ what I loosely call the chronic undifferentiated baccalaureate degree. You have a lot of people coming into the system with English degrees and Geography degrees and no prior training, there is an enormous burden to train them. They have not been adequately trained to recognize and discriminate the kinds of behavioral and social characteristics that they are expected to. I say that, not to criticize the workers, but simply to say that they haven't been given the cognitive tools to make a lot of the decisions that they are asked to make. According to the third national study in 1993, 41% of African American families were identified as having less than two problems. Major problems related to the maltreatment that needed to be corrected in casework interventions. In contrast, 57% of Hispanic families. But if we get down and compare with white families, 42% of

white families had two or less problems. If you look at his simple and crude profile, if would suggest that the number of problems, at least, is not dissimilar between these two populations.

Usually people say, when I talk about this is, "well, ok, but they have different problems". And there is this - I can't really put it any other way - this sort of belief in some sectors of our society that virtually every African American woman is addicted to crack. Obviously that is not true. If you look at recent reports from HHS, looking at people within the population who have substance use and abuse problems in need of intervention, for African American men it is equivalent to their proportion of the population. For African American women it is slightly higher. But what is interesting to note about that data, is that African American women with defined substance abuse problems are much more likely to have their children enter the child welfare system than white women are with children and with the same substance abuse problem. So, there is differential treatment in how we respond to that....

Let me back up to the big kahuna here. Most people want to say that it is poverty. And I said earlier, this is an interesting conundrum, because certainly African Americans are poorer than whites, we have data that shows that. Leroy Pelton and many others have written extensively on the relationship of poverty to child maltreatment. There is evidence that would lead us to the conclusion that income is indeed a factor. That if you look at the most recent national incidence study, the incidents of maltreatment in families with $15,000 a year or less is 47 cases per 1,000. If you go up to $29,000 and that range, it drops to 20 and if you get above $30,000 it is 2.1 per 1,000. Andrea Sedlack and Diane Bronhuerst would tell you that their analysis shows that income accounts for more of the variance in the incidence of maltreatment than anything else they have identified. That is still only about eight percent.

It would look as though poverty is a driving force here. But there are problems with this as well. First of all, you have to consider that all three NIS studies have found no difference of incidence. So, if we are going to explain overrepresentation by money, we would have to have over incidence. That is, we would have a higher incidence of maltreatment explained by poverty. But we don't have a higher incidence of maltreatment....

Here is a more troublesome piece of data to me. In 1995, the year that I reported the first data, 30.4% of African American families lived in households with incomes of less than $15,000 per year. In the same year, 30.4% of Hispanic households had incomes of less than $15,000 per year. Now, remember what I said, African Americans are overrepresented, Hispanics are slightly underrepresented nationally. So, if having an income of under $15,000 a year is this major driving causal factor in why you get into the system, why are Hispanic families under represented and African American families overrepresented. People get creative here ... Hispanic households are more likely to have two parents. Again kind of with this notion, I guess, that single female parent headed households are inherently weaker and therefore more susceptible to problems. And there is some element of that in terms of resources and childcare and so forth. But this to me is the most troubling data that I ran across because you have a desire to explain overrepresentation by income, and yet you have proportionally different penetration into the system. If you take this a bit higher, what you would be seeing is that if you raise this to $25,000 a slightly greater proportion of Hispanic families have incomes under $25,000 a year. The point is that African American families were over

represented by a factor of 2.7:1, almost three times their proportion of the child population while Hispanic families were underrepresented.

So, is income a good predictor? Income may be a good predictor of who is more likely to maltreat, but it is not necessarily a good predictor of who will maltreat. Even with one in twenty families under $15,000, having a maltreatment incident in a given year, if you turn that around nineteen out of twenty don't. That would mean that I have a rate of false positives in a given year of about 95% or actually we would have 953 false positives and 47 true positives. So, if we use that as just a targeting predictor for early intervention or prevention, we would obviously be off base for a certain part of the time.

Family structure comes in here again. I mentioned earlier these people who are arguing that well, we do have the reality in 1996, 1995 that over 50% of African American households were headed by female without the children's father living in the household as nearest the census bureau can tell. Andrea Sedlack and Diane Brodhuerst did some further analysis of the NIS III data and what they found is that when you control for income, family structure disappears. That is below $15,000 a year, two parent father headed families, mother headed families are equally likely to experience a substantiated or indicated incidence of maltreatment. The argument about Hispanic households versus African American households go below $15,000 a year was sort of taking away some of the support for that.

What are the implications? One, I think, is that any factor, given equivalent incidence just taken in and of itself, any factor that would select or predict a greater number of African American children over white or Hispanic children probably contains some bias. I want to spend a little time talking about this. The issue here is how does this bias effect occur? It can occur because people give workers, in their decision making, too much credence to certain factors in deciding case outcomes and deciding who needs a publicly supported intervention. If I think poor people need public help, I will open a case as a way to get them services. We did have that phenomena going on for awhile. It was after the Great Society collapsed, that we began to use deficits, child maltreatment and other forms, as a way to open doors to services for people, forgetting for a minute of the labeling effect of becoming a member of the child welfare system.

Another issue here is a lot of our research has been driven by substantiated reports of maltreatment. That is people, in looking at casual relationships, have done primarily correctional research with a substantiated report as an outcome. Many of you know correlation is not equivalent to causation. There are some dangers in construing that there is. There is a statistically significant relationship between the birth rate in the United States and the stork population in Denmark. So, maybe those books we were given as a kid were right and labor is purely a fantasy created by women. I wouldn't want to try to convince you of that and come out of here alive. It is an illustration, I always loved the mathematician Von Noyman who said, a difference that makes no difference is no difference. So having something that is statistically significant may be meaningful in journals but it's not necessarily practically meaningful in life all the time.

Another issue is that a lot of people would say, well this is an artifact of racial mismatching. That is, what we have is a lot of white workers making inaccurate judgments about African American

families. The data doesn't really totally support that. That is, if you look at population flow dynamics in areas like the District of Columbia and South Cook in Illinois, you have basically equivalent population flow dynamics and there you have almost all African American workers and almost all African American children. In the District of Columbia, they are all African American MSWs. So, it gets a little harder to explain.

Mark Testa, in the last year, has taken a look at racial matching between investigator and family in the Cook county region of Illinois and has observed that both African American and white caseworkers substantiate reports involving African American families at an equivalent or higher rate than they do for white families and they are both, as well, equivalent in their percentage of reports that they substantiate for white families.

That doesn't mean that there is no bias. It can simply mean that there is different bias operating, but there clearly is some bias here. The bias can be skin color, the bias can be attitudes towards people in poverty. I have cultural biases against family patterns that I consider dysfunctional growing from my northern European heritage. African American workers have different but biasing opinions about African American families who are presenting a stereotypical image of black people that is not congruent with [their] efforts to professionalize [themselves].... Therefore, they can be angry with these people. A lot of possible explanations....

Let me summarize. We have overrepresentation of African American children four times the rate for Hispanic children if you look at the number of states that they are over represented. Three times almost the number of Native American children, which is not to say that other people of color are not affected. The reality is that anyway you look at it there is a hugely and much greater disparate impact in the population flow characteristics of this system for African American children and families. It would be good if we produced equivalent outcomes, but it is clear also from the data that we don't.

Secondly, people want to desperately explain this away and almost immediately come up with visceral and emotional responses to why this exists. Whether it is family structure or it is something else, we are stuck again with this equivalent incidence. Unless we can say the NIS is fluoride and there really is a difference in incidence, we have to deal with this difference in the rate of penetration. Even if you have just a 20% bias effect at each decision point along the way, within four decision points you would have roughly 100% overrepresentation of African American children. It is like interest -- it compounds itself.

Can we look at people, point and say, it is purely white people looking at black people, and it is black people looking at white people? No, it is not quite that simple. The reality is that most theorists of maltreatment today agree that maltreatment is an artifact within an ecological framework of systemic issues, ecological factors outside the family, family characteristics, and individual characteristics of caretakers. To some extent it is different depending on the nature of the maltreatment. That is, father doesn't come home and sexually abuse daughter because he had a bad day at work, but he might come home and beat his son because he had a bad day at work or got fired.

Where do we go from here? I am fond of your statement Esther [Wattenberg], that we have to stop admiring the problem. I think at the same point, we have to achieve a richer understanding of the problem and get rid of some of our pet excuses for its existence, one of which is that we have a very shallow understanding of the relationship of resources to maltreatment. If you have read Ross Thompson's book on social supports, which contains a phenomenal amount of literature reviews on social supports in connection with maltreatment or even the chapter in Gary Milton and Frank Berry's books, you know that social supports is kind of a mediating variable in child maltreatment, not directly causal but it is an influencing variable. So, we have to begin to develop a richer understanding of these variables and how they interact.

It could well be that there is a third causal variable that causes people to be chronically poor and maltreat their children that we haven't even identified yet. But mostly we have to get comfortable talking about race. Cultural competence is not the same as race. We have to get comfortable talking about skin color. If you look at the photo listing book for your state, and you look at the African American children in that listing book who have been waiting and who have been waiting the longest, they are very dark skinned.

Frank Montalvo, in looking at rates of diagnosed psychosis among Hispanics, found that dark skin Hispanics were much more likely to be diagnosed as being psychotic or having psychosis than light-skinned Hispanics. So there is a phenotypic issue here that plays itself out between races and within race as well.

So, I would end by asking you to answer my earlier question. Did, in fact, in 1964, the second enslavement of African people in this country begin; and is it continuing today in a new agrarian economy in which the overseers are us and the raw material is African American people. Thank you.

Response: Observations from the Field

Peggye Mezile
Clinical Director
African American Family Services

Good afternoon....I am not from here, I have lived a number of places and ...which tells you a lot about where I have been and where I am at this point: Kansas, Missouri, Georgia, Maryland, Virginia and other places. I am not truly a native of Minnesota.

I have a little bit of a different presentation. I am not a researcher; I am not going to do Power Point, but hopefully my presentation will be on point. And as the kids say I am not going to show you what I am working with, I am going to tell you what I am working with. I have a lot of concerns, and I am so pleased that Glenda...asked me to participate in this panel discussion today...

This is a topic that has been very near and dear to my heart for a long time. I have been doing a lot of fussing for years behind the scenes and I finally have a chance to have a microphone to tell somebody what it feels like for those of us who have been in the trenches....My background is in mental health [and will be]...speaking as a person with a mental health [background].

I have eight major points that I want to make... some things you may have heard before.... I am going to say this: I lived in Atlanta for a long time, and ...you knew you were in the south. Quite frankly, I was left wondering if I ever left the South when I came here because some of the things that I have experienced which I have not experience in Virginia, or Baltimore...I don't know what's happening. I don't know if I have lost my mind, or if someone else has lost their mind. I choose to believe that I haven't lost mine. I agree with everything that has been said thus far. We are kind of preaching to the choir here to some extent - but then again, maybe not.

Earlier, there was some talk about us not getting our personal and professional issues mixed up, and I struggle with that because I am a human being outside of being a social worker. There are situations that I have been in when I have to choose the lesser of two evils. I do believe that there are some parents who do need to have their parental rights severed.... there are some [people who shouldn't have had kids] for whatever reason.... [and] there are some people who have lost their parental rights and I am not sure why....

Since I have been in Minnesota, I have had clients [who have] deliver[ed] babies and as they were breast-feeding, the worker and a police officer came into the hospital room and removed the baby. These stories are anecdotal. I do not have any research – I have 30 years of experience in five states, listening to a variety of people from all walks of life.

- My first concern that I think leads us to this disproportionality of out-of home placements is a mismatch between the worker and the client. I am not going to elaborate on that other than to say that there is a mismatch sometimes…between the level of the case severity and the worker's experience. There are all kinds of reasons, it could be funding, whatever. We all have to start somewhere but don't learn on our children.

- Disrespectful language, style and approach by some workers … There are personal biases, attitudes and preconceived notions about families of color. This morning I heard [Thomas Morton] speak about people of color. That's interesting - I never heard that term until I moved here. .. We were just people, African American or just black….We need to stop all this talk about diversity if we really don't mean it. As for personal biases: I think sometimes preconceived notions about families of color are not challenged, and that affects the treatment plan, the case plan and the outcome - we have set up clients to fail [and] they have failed before the referral even gets to the community agency.

- Inadequate funding of community agencies to provide the needed or court ordered services. I can't tell you how many times I have gone to court and they have said "send this client to African American Family Services". We like to get paid at some point. Don't order psychological services when it's not necessary. Every African American child does not need psychological testing. What does that have to do with it – unless you are looking for a reason to sever parental rights. Frequently, you can find what you are looking for. If you drop by someone's home ten or twelve times a week at 8:00 in the morning you might find something. In fact, let's subject our clients to the same level of intensity: if you can't stand it, don't do it yourself.

  Grants and monies available to generate particular services are not always available, but the judge is sitting there "they need therapy two times a week; they need psychological testing" – all this when you have already decided what the outcome is going to be, and what the treatment plan is going to be. And the way I know that is because my five-page report does not get entered into evidence. I go over to court and I am not asked to speak. Why did you make the referral?

- Multiple service demands on clients with limited transportation, childcare. They are going from one county to the other getting services three and four times a week, and when they don't show, they're [labeled] unmotivated [or] they're not ready to change [or] they are in denial. Programs are frequently set up to follow the money. If there is some grant money out there, you can hardly blame the community agency - they are all struggling too…

  The Court sometimes orders psychological testing, and it's expensive. Some psychological test packets cost $500. The child protection service worker is not paying for it. Hennepin County, Ramsey County, Anoka County – they're not paying for it. But when the community agency can't respond in a quote [sic] "timely manner" then we were not responding to your request for service needs….

  Lack of consideration for the complications caused mental or physical disabilities including addictions. Those of you familiar with my agency know that we started out as a chemical

treatment agency, and we have expanded to metal health and a variety of other services. Clients frequently have competing issues and needs within themselves and within there own families. They get mislabeled and deemed unmotivated. Some clients are barely literate. You've got them signing informed consent and they are barely reading on the third grade level. We now have other African, Asian and Hispanic peoples coming here from all over the world to this community and they are not literate. We've got interpreters sitting in the room – you don't know what they are interpreting to you. People are losing their kids behind this! There is a long standing disconnect between the clients and some community agencies - it's almost a joke. We are making placement recommendations and removing kids based on inadequate information and ineffective referrals…

- Inadequate legal representation at hearings. I can't tell you the number of times I have been to court and there is no attorney in the room. Then the case is dropped or it is continued without prior notice. I have paid for four or five hours of parking – I am sitting in the lobby all day. And then they say, "Oh Ms. Mizele, I'm sorry, we'll let you know when the next hearing will be". That's not our workers' fault, that's a systemic issue.

  Court appointed attorneys work for the same system as the prosecutor. Clients can't get their calls back, or they don't have any culture – you know, middle class people will turn and talk to you before you go into the hearing - if there is even a hearing. What has happened in terms of legal representation is they have not removed the wrong people's children yet - because if they take our kids we're gonna close it down. I know I am. (See I come from the 60's and 70's tradition, I still like to talk like that every now and then.)

  The clients meet their attorney on their way into the courtroom. That is not legal representation. The attorney gets the client's name wrong. Cases are cancelled or rescheduled and this works in hardship on clients who live in one county, their kids are placed in another county, there is no child care, [the kids have to miss] two days of school to go to court, and [the child protection worker is] sitting in [their] office eating a sandwich, not calling people back…if you are really concerned about the clients, help them have legal representation and play like you're working with them.

  ….Workers testify from the back of the room and I am not clear if they are under oath or not. I have personally sat in on hearings where people are talking from the back of the room, saying "Your honor, I need to add a comment…" Now I have started doing it because my report has not been entered into the testimony, but I have learned how to get around that. If I am going to spend three months seeing someone and spend two or three days writing a report, my report is going to be entered in, and my client is going to know where I am coming from before I enter the room. My client is not going to hear me say, "Oh, I think they need 10 more weeks of therapy; they're not ready yet." They are not going to hear that from me.

  Guardian ad Litems in this state…are volunteers. In Missouri and Kansas they are attorneys. You know sometimes…how we talk about attorneys…You know, Guardians ad litem [in this state] receive forty hours of training. That is not who I want representing my children.

- Collusion between the various parties involved in the cases. Persons with whom children are placed are given more credibility sometimes than the parent is… Foster parents sometimes block or sabotage in a subtle way the visits, [and] sometimes visitation is terminated. Th[is behavior] gets woven into a decision to sever parental rights. [They will say] "Ms. Jones didn't show up for her three visits", but what they forgot to tell the judge was how they cancelled the visits at the last minute or she was at the wrong location.

  Children are turned over to the caregivers who raised their parents that abused the mother or dad. Now, if I abused my daughter and now she's abusing her kids, why are you placing those grandkids with me?

  Foster parents are allowed to be the unofficial policemen of the parent's activities. I [am not saying this happens] all the time; these are some of the things that I have experienced, that I think that leads to the disproportionality of children being removed from their parents.

  Information shared about the parents with the placement family. I try to keep the parent's and the children's business separate. We tell people this [information] is confidential unless I'm subpoenaed. I do not answer a question in the courtroom unless I am asked a very specific, direct question. There are exceptions to everything, but why is it that when I make a home visit, or the client is in my office and they know that what I said to you at this so-called confidential agency collaboration meeting? Or why does your aunt know more about what's going on than you do? Someone somewhere is sharing so-called confidential information. There is a time to share. We have mandated reporting – I understand all that – but I am talking about being in collusion with people that maybe we don't need to be in collusion with.

- Politics of finding a placement. There is not enough support for the agencies with the will, energy and staff to assist with or avoid out of home placement. The social and political climate demands that something be done with children. Some people are saying, "a home is better than no home". Sometimes, if you have been in this business long enough, you will have some children who will come back to years later and say "I could have stayed where I was because what happened in the foster home, or the adoptive home was worse than what happened in my own home." Now, I am going to tell you about placing outside of their cultural, ethnic [heritage] ….I worked at a large private not for profit adoption agency in Atlanta. There were two instances where two families which had gone through the adoption process brought their kids back. Why? Because by the time they turned three, those cute, little bi-racial African American babies started looking more and more African American. We have to do more investigation and study on the front end. If you are going to remove a child from a home, you need to know where that child is going. Staying in foster care for seven years and being returned to the agency, is not the answer. I am calling for more detail – I am mental health [worker], maybe we need to do a psychological [evaluation] on the homes where we are placing these kids. I am not against severance of parental rights, there is a place for it – we need to stop beating our kids, we need to stop the emotional abuse, we need to stop all that – but that is not the topic for today.

My final comment is we need to stop the demonization of families and the making of modern day witches. These mothers, regardless of what has happened to them they are still human beings. They are not witches. We need to build on the strength model. It is time to let go of the deficit model from the 1950's. Labeling has never been the answer. If you want to talk about economics, it's cheaper, more appropriate and more humane to do some prevention and to work with the families before they get to this point. Let's take a look at some of these alternatives, let's look at foster family care and respite care. Let's have real jobs for real people with real money and real opportunity. I think that's our answer. Thank you.

Nancy Rodenborg, MSW, Ph.D.
Professor, Augsburg College

Thomas Morton gave a disturbing overview of the status of African American children in public child welfare. My recently completed study using national secondary data supports his conclusion that other factors do not "explain" African American overrepresentation. Certain conditions within the African American community such as the higher percentage of single mothers, greater or different use of substances, or higher rates of poverty are often cited as contributors to the disproportional African American outcomes in child welfare. While these factors impact duration, or the length of time a child remains in child welfare, they do not alone account for race-related differences in the outcome. Race itself--simply being Black--appears to lead to longer duration. This suggests institutional discrimination within public child welfare.

Mr. Morton posed two possible reasons for longer duration: First, African American families could be predisposed to maltreat their children more frequently. National incidence data do not support this reason. There is no difference by race in the national incidence of maltreatment. Second, differential treatment may exist within the U.S. child welfare system. I tested the latter hypothesis in my recent study. I hypothesized that institutional discrimination within public child welfare may contribute to the longer durations experienced by African American children as compared to Caucasian children.

My study suggested yet a third possibility: African American children and families may be treated similarly to Caucasian children and families. That is, the services offered by child welfare may not be differentially provided. But, the types of offered services appear to be those most commonly needed by Caucasian families, rather than the types of services more frequently needed by African American children and families. As a result, African American children may have a higher proportion of unmet need than do Caucasian children.

Perhaps a greater examination of the concept of disproportional 'unmet need'--those services *not* provided--rather than the more conventional examination of 'met need'--or the services that *are* provided-- would shed light on African American overrepresentation.

For the purposes of this study, institutional discrimination was defined using the conceptual framework developed by Feagin and Feagin (1986). From their four categories, two were used in this study: direct and indirect. Direct institutional discrimination is most easily understood. Direct discrimination occurs if African American children with similar problems and characteristics receive substantially different--and lesser-- treatment or service. This type is most frequently discussed among the general public. It can be most easily identified.

I found only one significant example of direct discrimination in my study. Among the caretakers in need of mental or behavioral health service, those caring for Caucasian children were referred more frequently to professional services than were those caring for African American children. A total of 33% of the African American caretakers with mental or behavioral health needs were referred to

professional mental health service, compared to almost half (47%) of the Caucasian caretakers with similar measures of need. When counseling service by the case manager was included in the measure of service, there was no longer a difference by race. That is, African American caretakers with mental health needs tended to receive counseling by child welfare case managers, while Caucasian caretakers were referred to inpatient or outpatient mental health services.

Although this example of direct discrimination by race may be important, the second type of institutional discrimination --indirect discrimination--more likely had a greater impact on the differential outcomes by race.

What is indirect discrimination? According to Joseph and Clarice Feagin's typology of institutional discrimination (1986)[♠], indirect discrimination occurs when actions taken by the organization as a whole indirectly impact various groups differently. Such actions occur because of normal, routine behaviors, perhaps even those completed with benevolent intent. In fact, in child welfare, they are most probably completed with benevolent intent. Social workers by and large, while not always effective, tend to be well intended.

An historical example may help to clarify contemporary indirect discrimination. Billingsley and Giovanonni (1972) outlined several historical examples of indirect institutional discrimination in their book "*Children of the Storm*"[♠]. One example occurred in Reconstruction Era South. The Freedman's Bureau was an effort by the federal government to help former slaves adjust to the changed environment of the South. The service was disbanded prematurely due to complaints of intrusion by the federal government into states' rights, among other reasons. This had a devastating effect on African American children even though it was not specifically directed at them.

The disbanding of the Freedman's' Bureau was not an example of direct discrimination, since Caucasian children did not need this service in the same way. There was no difference in treatment among children with similar needs by race--the usual criteria for direct discrimination. Caucasian children did not have the same needs as did the children of former slaves. Nevertheless, disbanding this service is an example of indirect discrimination. Regardless of the means of delivery, disbanding the Freedman's Bureau contributed to less positive child welfare outcomes for African American children than were experienced by Caucasian children, an example of indirect discrimination.

[♠] Feagin, J. R., & Feagin, C. B. (1986). *Discrimination American style: Institutional racism and sexism* (2nd ed.). Malabar, Florida: Robert E. Krieger Publishing, Inc.

[♠] Billingsley, A., & Giovannoni, A. M. (1972). *Children of the storm: African American children and American child welfare*. New York: Harcourt, Brace, Jovanonich, Inc.

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My study suggests that a similar situation of indirect discrimination may account for some of the difference between contemporary African American and Caucasian outcomes.

Using a national sample of secondary data - *The National Study of Protective, Preventive, and Reunification Services Delivered to Children and their Families, 1994* - I examined the match of child welfare service to client need by race of child. I sought to test essentially two things: Was the match of service different for African American children? And, did this match account for any differences in duration between the two races?

In the process, I tested many other things as well--with some surprising findings. Most significantly, I tested whether poor children whose caretakers needed poverty-related services -- such as housing, safe neighborhoods, money, employment or education -- received these services to the same extent as did children whose caretakers needed mental or behavioral health services such as counseling or mental health treatment.

Not surprisingly, they did not. The match of service between poverty related needs (housing, income, education, employment or poor physical health) and poverty-related services was between 5% and 26% depending upon the specific measure, regardless of race. That is, at the best only about one-fourth of the poor children in this sample had their poverty-related needs matched with a service through public child welfare. In contrast, about 80% of the children whose caretakers needed mental or behavioral health services received it.

Clearly, public child welfare more successfully serves mental health needs than poverty-related needs.

As a group, which children benefited from this imbalance? Caucasian children, because their caretakers were disproportionately identified with mental health or behavioral health needs. Which group suffered disproportionately? African American children, because they were far more frequently in poverty than were Caucasian children. Further, it appeared that case managers failed to even recognize the extent of these needs.

Differential unmet need was apparent. More African American families did not have their needs met than Caucasian families. Over time an imbalance in unmet need by race is likely to lead to different duration outcomes by race also. This is true even though, when compared directly, African American and Caucasian families had similar rates of poverty-related service provision. Both races received poverty-related service at similar very low rates. It was only when unmet need was considered that the disproportionate service provision became apparent.

I was not able to tie the match of service to duration within the short length of my study - just 18 months. Families of both races who got any service at all tended to stay longer. This suggests that the delivery of *any* of our current methods of service, whether behavioral health or poverty-related, lead to longer not shorter duration. If success is measured as the exit of a child from child welfare within the 18 month window mandated under Federal law, none of our current services are successful. Providing any service at all leads to "failure", or longer duration, under this definition. New and better, and shorter, services are clearly needed.

In the process of testing service match, my study provided empirical support to Mr. Morton's supposition -- that family status, poverty, substance abuse, or any of other reasons frequently cited as contributing to differential outcomes by race--do not in fact account for it all.

Figure 1 shows the flow of cases through the 18 month period of my study, using life table analysis. African American families are represented by the top line, while Caucasian families are shown by the bottom line. The proportion of cases remaining open over time are illustrated by this figure. For example, using visual inspection only, on day 300 about 65% of the African American cases are still open. By comparison, on the same day only about 55% of the Caucasian cases remain open.

Figure 2 compares poor and non-poor children without reference to race. As can be seen, non-poor children are much less likely to be open on any day. Using visual inspection only, on day 300, about 38% of the non-poor are still open, compared to a full 60% of the poor children.

Figure 3 shows the same test among only poor children. African American children experienced much slower exits than did Caucasian children, even while controlling for the effect of poverty. This dispels the notion the poverty is 'the' reason for longer African American duration. While poverty is a contributor, race itself appears to also lead to longer duration.

Finally, using Cox proportional hazards analysis, another form of event history, Figure 4 shows the chance of exit between African American and Caucasian children. On any particular day, the chance of exit among those children still remaining in the system was measured. This figure takes into account the effects of a number of variables usually mentioned as reasons for African American overrepresentation.

While considering the effects of poverty, mental and behavioral service, poverty service, location in a large urban city, caretaker substance abuse, substantiated maltreatment, and the interaction between race and substantiated maltreatment, African American children still had longer durations than did Caucasian children. Again, using visual inspection only, on day 300, an African American child had about a 43% chance of exit from child welfare. By comparison, on the same day, a Caucasian child had about a 70% chance of exit. Throughout the study, the chances of exit for an African American child were far less than they were for a Caucasian child. Overall, in this model, African American children were about 52% as likely to exit as were Caucasian children (not shown).

By controlling for the other reasons usually cited for African American overrepresentation, this study suggests that indirect institutional factors related to race itself may contribute to longer duration. Simply being Black contributes to longer duration, even while controlling for the effects of the other factors commonly cited as reasons for African American overrepresentation.

Further, this study suggests that 'unmet need' rather than 'met need' should be considered in future studies. It is unlikely that direct forms of discrimination will explain the large differences in length of time that currently exist between African American children.

While not discounting the many other reasons that may contribute to overrepresentation, a consideration of 'unmet' rather than 'met' need may be important. We need to examine the

proportion of children who are *not* served by race, regardless of the service delivery method. If more African American children do not have their needs met through public child welfare than do Caucasian children, indirect institutional discrimination may exist.

Ted Thompson
Licensed Psychologist
Private Practitioner

Thank you for that very nice introduction. I am very happy to be here. Thank you for the invitation.

Fifteen minutes is not long enough. The words that I have heard before me are so representative of the view from the inside. African American people learned a long time ago that legislation cannot change social attitude. You can put the law on the books, but it doesn't mean that the people are open to the ideas. Likewise, with all due respect, you can have a lot of statistics which do not really account for the variances in human behavior. I am not here today to blame any particular part of the system, agency, element. There are complex issues involved in what we are trying to examine. The thing that really sticks in my mind is the welfare of the children. To me, it is personal. I have been in the state of Minnesota for 30 years, and I have lived in other states - I won't run through the list. What I see in Minnesota are children who are in the foster care system, out of home placement system, and I see the struggles that they go through in order to try to become actualized human beings. I gave you a handout and this really looks at some of the specific areas that are affected by taking children out of the homes where they were born. I am going to go to the handout, but I am not going to stay there for very long. I want you to know my bias, and my bias is that there is an intricate combination of events between internal perception and external perception which creates the human beings that we are (the internal developmental process is the internal processing of a whole bunch of stuff [sic] about who you are, about who the people are around you, who's important and who's not important, about how important you are to them. And outside, it is the processing of what the people around you are saying a lot to you about who you are – how special or important you are). I have a premise, and my premise is that those two experiences have to operate together, and they really effect a lot of the foundations upon which we build human character.

When you think about the motivation to go to school every day, you are talking about a really complex motivational drive, which begins, of course, in the home. You are talking about possessing a lot of cognitive, emotional and impulse control mechanisms which allow a child to sit in the classroom for four or five or six hours and pay attention to the teacher, do the homework afterwards, turn it in to the teacher the next day and say job well done. It's already too late when the children get to school to try to have the teacher teach those elements. Why? Because we already know that the primary influence on the behavior of the child rests at home. I am not here to blame, but I am here to say that we really need to look at some of the fundamental structures that have changed when the child is taken out of the home.

First, when we are in biological families we develop a trust for the people who are around us, and that allows us to internalize the information they try to give us. When you take me out of that home you reduce my trust. You traumatize me in the first place, then you reduce my trust. And so, my learning channel closes down, or it switches to channel B which is the perception of threat rather than learning how to trust other human beings. See, when I am in the home, I understand that the

people who are in the home are the people who set the rules, if the rules are being set – that's another whole issue – but if you take me out that home now I get confused as to who is setting the rules and who is not setting the rules. So with my reduced trust, I may very well have objections when some people try to tell me something and I don't know exactly who to have allegiance with.

The idea that a child can be taken out of a home and placed in a different one and still be expected to keep step with other children is a preposterous idea. I see this in my office. On the sheet, I give you lots of behavioral and cognitive and developmental issues – I did not develop this – this is not out of my head. But if you look at the sheet, and we think about the deficit model, we can look at all kinds of areas where children are effected in their development of conscience, in their impulse control and self esteem issues, in their interpersonal actions and in their emotions. Basically what that says is that when you take me out of my home I am going to get traumatized to the point that I am going to lose some of the time that I need in order to develop some of the skills that it takes to get from one stage to the next successfully. And because time does not wait, I am thrust then into the social arena where people have their attitudes about my behavior. The internal and the external play together. What you say about me when I am at school has a lot to do with how I feel about me after I come back home. If I draw the conclusion while I am at school that you don't like me I am really going to approach you with an "I don't like you attitude" too, and you will fast find me falling behind. You want me to control my impulses yet the expectation that you have of me may not allow me to give you whatever information I may have. In other words, if you expect less of me, I may have to push my point in order to get heard. If you see me as the individual that is always creating problem or the trouble or the disruption in the classroom, I may speak out of turn just to speak up for myself. I am not here to blame, but I am saying there are complex factors that effect the children in out of home placement.

For every system that is developed, as you go forward, the system becomes more complex. And what we generally find ourselves doing is looking at the surface. In other words, the child is the reason. A lot of parents bring their children to me to say, "he's the reason". Yet, many times I am saying back to the parents, have you considered that you might be the reason? We have to look very broadly in order to really try to analyze the reasons that are affecting the attitudes of children. On the paper you see cognitive problems, well, cognitive problems really have to do with the way I as an individual think about my experience of life. In other words can I put cause and effect together? If a social worker comes to the house and takes me out of the house and I have no control over that and I go to someone else's house and I am expected to follow all of their rules and what, exactly, is the cause and effect relationship that I can put together on that experience? It's out of my control.

I know that children have to be protected, I know that some adults harm children. Yet we lose sight of the fact that the social changes that we make in our society, our children suffer. As we increase the time children stay at home alone; we give them more time to get into trouble. Do you realize that the parent who is out of the house leaves the child for maybe an hour, hour and a half in the afternoon the child may be nine, ten, eleven years old, we call that latchkey child. But, now if a neighbor picks up the telephone because the child is making too much noise next door and calls child protection, we call that abandonment. How is it that the same experience gets two different terms? How is it that one segment of the population might be latchkey while the other segment of the population might be abandoned? We need to look at that and try to understand how that plays

out when we are making decisions about who stays home and who goes away. As we take children out of their homes we are really affecting culture. You know culture is an intricate interplay between the genetic transfer characteristics... physical, all that stuff – you know, "you look just like your mom, you look just like your dad..." and the environmental teaching – those customs, rituals, language, transmitted through folklore.

When you take children out of home, you are really disrupting the transmittal of that culture. When you place children into a different cultural group, you are really creating a need for the child to find identity issues among their own culture, but that's another level of developmental organization that the child has to take care of. Does the system provide the necessary support and resources for that child to get that accomplished? The question becomes, does the child get that accomplished? Does the child now get it accomplished by now acting out in school, hence losing their place in the classroom, and being transferred to a different school which now displaces the child again? Or does now the child get to go to a counselor and the counselor works with the child through those issues so that the child can find him or herself and the school is supportive? It's about attitude. It's about how the child is viewed. It's about how the system views itself in terms of norms: what is normal, what is not normal, what is acceptable and what is not acceptable, what is good parenting, and what is not good parenting. These are all issues that come into play when we talk about the complexity of the issue. I do know this, the more children you take out of community, the weaker the community becomes. I do know that you increase the struggle of those children to find out who they truly are. I do know that as long as the numbers in terms of the proportions of people in this state or in this country are disproportionate in terms of population and size, there will always be a battle. I understand that I live in a culture and a society that does not see me as an equal member. Now, in this room, I am sure that raises a lot of eyebrows. But when I go to other parts of the state – and I do – it is quite clear to me that when I take off these clothes and this tie, if I take away these papers and I put myself in a car, I am viewed very differently than I am in this room. The statistics won't give you those issues.

When we take children out of their cultural group, when we place them in a different cultural group, when we expect them to keep step with children in the norm group and the school when we expect them to adopt the rues and regulations in the new home or the home that has changed 4 or 5 or 6 times, it effects the way they see people. It effects the way they feel about themselves. It effects their motivation to do those kinds of things that might get them ahead but they don't see that futuristic planning is going to work for them. They are more oriented for today – here and now. They are more oriented toward impulse control problems, which basically means they are out to get what they want today because "I can't control tomorrow". In families, there is an important translation which occurs, and the translation is the control of emotions. In other words, we teach delayed gratification which simply means you wait until mom gets off the phone before you push her to talk with you. You wait before you go out into the street....because you don't want to get hit by a car. There are ten thousand different ways in a day we teach delayed gratification. Yet, for the children who are taken out of home, their world becomes very immediate to them: they live for today, I've seen it hundreds of times. And why? Because they do not feel like they control tomorrow. And so, without that sense of living for tomorrow, there is also very little planning for tomorrow. Now, we all know you need to plan if you are going to have an educational career. You need to figure out how to get some grades today in order to get entrance tomorrow. But if you are living for today, it is

very difficult to make that futuristic planning. These are the ways in cognitive development, impulse control and behavioral issues, in the development of conscience and trust, in the ways, in which the learning of the child changes over time, taken out of family. I work with foster families, and it is a very hard job, and I think many foster families do a very good job. But it still takes a toll on a child because the parents may be very good parents but you may have another child in that foster home that hates your guts. And just the experience of having to deal with them day to day, andit wasn't your choice to be there in the first place, and they are not your blood, it effects a child (we can get kind of forgiving when it comes to blood....)

I gave you two sheets. On the second sheet –that is my information – on the second sheet I placed some issues that I think are very important for some children and we need to be talking to parents abour how to get these particular elements incorporated in the child...

The organization of the experience simply means that [when the child asks] there needs to be an adult that answers. When the child goes I want your attention, some adult needs to say here I am. Some adult needs to be able to teach the cause and effect. You have the ability to help a child make sense out of what is going on around them. Children will seek attention whether positive or negative – someone needs to teach him how to seek attention in positive ways. As I mentioned, we need to be able to manage our emotion which means making the translation between acting out, falling down, screaming and hollering, kicking – to negotiating, compromising, saying I need this, or I need that or can you please.

- **Developing focus concentration and discipline** simply means working through a task. Meaning that they are able to begin a task, take on a task or challenge, manage the frustration and get to the end of the task without ditching the task.

- **Impulse control** simply means learning of immediate versus delayed gratification. A child must wait to raise his hand rather than impulsively shouting out, this is one thing that can help the child make it though school.

- **Task mastery** and **self-esteem** go together. It says basically to the child, "Yes, I can". It starts at home. Tying the shoe, matching the clothes, putting the cup on the table. We need to be talking to parents about teaching the children how to get the basic skills that they will need in life. I don't look at the way the system is constructed in order to change what is happening to children who are placed out of home, I really look at talking to the parents to do a better job of teaching their children so that their children can teach their children.

- **Social cooperation** and **competition** simply means learning the social skills to be able to deal with people in more creative and positive ways and,

- **Empowerment** is a word that we really need in the 21st Century. We come as African American people from a history of deprivation. We've incorporated some of that. It

really rides over us in terms of the way we view ourselves many times. I'm talking about what some, not all, but too many African American people have difficulty seeing themselves as successful. We need to find ways to incorporate the lives of people so that they feel valuable in a society, so that they feel like they have the support network underneath them so that as they grow in the society they can feel membership. That to me is important to helping the next generation of children.

Thank you.

David Thompson
Alternative Response Unit
Minnesota Department of Human Services

Good afternoon. I want to thank the School of Social Work and the Center for Advanced Studies in Child Welfare for the invitation to be a part of this very important conversation and I am very pleased to be a part of it. It has been suggested that the Alternative Response Program that I have been involved with at the Department of Human Services holds some promise for African American families who enter the child welfare/child protection system. The Alternative Response offers a better experience, more supportive experience. There is the possibility and opportunity for that and there are several important ways that this may advance this initiative.

What I would like to do first is simply take you through what Alternative Response is and talk about what impact it might have on African American families in Minnesota. There are two major elements. Alternative response, otherwise known in different states as "differential response", "dual track", "multiple response" or "family assessment response" – simply means giving another way of approaching child maltreatment other than the traditional investigation. Alternative Response sets aside who did what, who is to blame, what went wrong, and instead looks at the issue of how we might engage the family in issues of safety and well-being and support for that family. I would suggest to you that there is no value for most families in knowing what they did wrong. The value for families in the intervention of child protection is to engage them in the issues of safety and nurturing their kids. Nobody learns from the fact that the child protection system has confirmed that yes, in deed they educationally neglect their kid, yes they did leave them unsupervised, yes they did leave a bruise on their arm. That's not what keeps kids safe. What keeps kids safe is family strength - engagement of that family in the issues of strengths; and what keeps kids safe is communities that support those families and those efforts.

Right now, there is only one response available in child protection and that response is the traditional investigation that is very intrusive to families. This is necessary sometimes; there are some families where the kids are at extreme risk. There are a certain percentage of those reports that come in where if there is not an aggressive intervention those children will not be safe. But this is only one approach. Alternative Response gives a tool to child protection workers and the system some flexibility to approach families in another way. We often use the following metaphor: if you went to a doctor, and they only had one intervention which was their most aggressive intervention - surgery - you may question yourself as to whether you want to go in for something like a cold. You need to be able to adjust the intervention to what is needed. And right now the system doesn't do that.

How did we get to this point of this singular way of approaching families? The child protection system is fairly young. It really has most of its history dating from the 1960's and the identification of the battered child syndrome. The identification of the battered child syndrome allowed for a national, state and systemic concern about the health and safety of children. This led to a federal mandate for states to have systems that receive reports, respond to those reports and offer services if necessary. That protocol is based on the most severe kinds of cases that child protection sees: sexual

abuse and severe types of physical abuse. Yet, over the last forty years we have added many, many conditions which are now mandated to be reported to systems that deal with this – issues that are much less responsive to aggressive, confrontational, adversarial approach. Issues like neglect and all of the neglect conditions have been added such as lack of supervision, educational neglect, prenatal exposure to chemicals, and exposure to domestic violence. Our definition of child maltreatment frequently changes. Here is an example of that frequent change: earlier this year there was some legislation that was passed indicating exposure to child maltreatment was a condition of neglect. There was a great deal of concern about how that might impact families and it was withdrawn. Now, there is the possibility that is being put forward again in an amended way. So does that mean that before this year it wasn't abuse or neglect, then it was, then it wasn't, and it is going to be again? There are shifting standards of what child maltreatment is and we often get unintended result for the intervention that we have used.

As a CP manager, I would get these two calls that often puzzled me, one call would be from someone in the community that is very concerned that the system was too intrusive, that it messed with families too much and hurt families. They would say that the system didn't offer much help. I put that phone call down and then I get a call a few minutes later from someone who says that the system doesn't offer enough for families and it does not keep kids safe. I would put that phone call down and think, what's the problem here? This seems very paradoxical. I think I have come to the conclusion that both those callers can be correct. In situations of neglect, we do not need to be adversarial; we do not need to be confrontive. We do not need to intrude in family life.

We waste our resources on trying to find something out, trying to find out did this situation occur or not, which offers very little help to the family. Very few families say, "Now it's clear, I did educationally neglect my child and I am better for you telling me that." That does not offer anything to families. What does help families is how you engage with them, offer resources, partner with them and address issues that led to that situation. Because we waste our resources on investigation that are not needed, we do have enough resources available to address the more serious situations. Because of that, we get complaints from the community that our threshold is too high. You can look throughout the 87 counties in Minnesota and see the threshold for what comes into child protection move up and down based on resources, who is in the community, or based on who screens the calls. It is arbitrary in some situations, which causes confusion. Some states, Missouri being the one I have knowledge about, has been trying another approach. The Alternative Response approach, setting aside this issue of did you do it, setting aside the investigation, attempts to engage families in an assessment to determine if this child is safe. It also looks at how they might work together to see that happen, to engage families in a supportive community. What Missouri has found is that about 70% of those cases have been diverted. In Virginia, about 73%. A large number of cases can be diverted through Alternative Response.

I visited Missouri about a year ago, and visited their child protection program, which is largely a program that deals with African American families with a largely African American staff. I was impressed by the attitude there, about the nurturing sense of responsibilities for families...

Based on this history of child welfare reform efforts, the legislature passed the Alternative Response law, which gives counties the opportunity to choose to address child maltreatment reports in another way.

There are some assumptions that the program is based on; for one, that families want to address threats to child safety. You have to believe that families care about their kids. One of the things that convinced me when I came into this about a year ago was to look at how the system operates right now. Out of all the reports that come into the system (in Minnesota), about 45% of them are determined. That compares to about 35% nationally. Of those cases, less than half in most counties are assigned for services. So what does that mean? It means about for 80% of the families the best we can do is say you did or did not do this. For those other 20% I think we do a really good job and an aggressive approach works with them. But for that 80%, who is left behind? Who is left to keep kids safe? It's the family. It's the parents. It's the community and that is who we should be working with – and Alternative Response offers a way of doing that.

Family strengths keep kids safe and successful interventions make use of family strengths. We said we had to make sure that children were no less safe. We still address issues of safety and risk with families. Instead of doing something to them, we are hoping that workers will do something with them. That we set down this risk assessment/safety assessment form, and say, "This is what we know about safety. Can we work together to do something about this?" In families where people use chemicals, kids are at greater risk. Can we do something about this issue in your family? Where partners are beating up on each other, that places kids at greater risk. Can we do something about it? It engages the family in this process of addressing issues that brings their resources and strengths to it rather than simply placing judgment on them.

There are separate procedures that we have developed in cooperation with county representatives with tribal agencies, with councils of color… etc. and put together guidelines to implement the alternative response. Those guidelines focus on a respectful engagement of family in trying to keep kids safe. There is strength-based training for those social workers who use this model.

I know that the system at times looks to be unjust. I think what we have done is taken people who care - social workers who care a great deal about what happens to families - and train them to be deficit based. We have trained them to look for problems. We have trained them to do the job that they do and be critical of them. What we need to do is change the rules and change the training. For some people Alternative Response is a return to their good social work training and values that they have learned at the University of Minnesota. The system has trained them to be one way but we need to train them to be strength based. We have been bringing in trainers to work with social workers on a strength-based collaborative approach, and look at brief therapy that focuses on possibilities and strengths.

This is a graphic demonstration of who we think is going to be affected. Those in red are those high-risk intensive and high-risk cases that will still get a traditional response, they still need that. Kids need to be protected in these situations but the vast majority in the low and moderate approach would be eligible for an alternative response. Families that would be best served by this are the families that struggle with child supervision issues, educational neglect, some forms of domestic

violence, minor physical abuse, unmet basic needs, chemical addiction and emotional abuse. There are some guidelines that we don't apply this to – specifically, license situations because those in licensing know that you need to have a maltreatment determination in order to revoke a license. At least for the time being we are seeing that this continues to be a situation that we need to follow with a traditional investigation. Substantial child endangerment cases, families in very high-risk situations are ruled out.

Alternative Response is voluntary for counties. It is also voluntary for the family, they can choose to do this or not. It is kind of a forced choice situation: they can choose a traditional investigation, or to engage them in services. Some families may want the traditional approach; they may want a declaration saying they did not do something or maybe it is a custodial dispute etc. If the family should make a bad choice initially and offer something that doesn't work, they can switch within the assessment. They can switch from the traditional to family assessment, alternative response, or switch back. You might go out on a situation where a report was very egregious and you find out, well, this isn't so bad, this was an exaggeration. Or you might go out on a mild case and find out something really bad has happened. A safety net is built in for kids.

In order to get counties to engage in this, we did a request for proposals from counties and offered them some grant dollars to work with families and make these dollars available for families to provide services. The counties received money to do an alternative response assessment and give money to buy services and engage family and services. Families receive up to $500.00 a piece for concrete things like rent deposits, phone bills and utility bills. Sometimes, surprisingly enough, people just need money, they do not need a social worker (applause).

Twenty counties are participating, and we have hired the Institute of Applied Research to conduct some research associated with this program. We are going to follow families for four years to see what this project can provide for them. We have two research questions- Can we keep kids safe by doing this approach? By stepping back from the confrontation and intrusion, we try to engage families in a supportive manner. The second question is- if we offer services earlier to families, can we inoculate them from bad outcomes? Can we prevent bad things from happening to them in the future? Again, we have some belief that can happen; we have some projects that suggest it will. Here are the twenty grant counties that are involved. Almost all of the metro counties are involved and a scattering of other counties throughout the state. We are very pleased that they have stepped forward to do this. We have found that those counties are interested in improving their services and care about what happens to their families. There are four tribal organizations that are also involved in this process. These counties, (20 of 87) represent 70% of all of the reports in Minnesota. So it is a significant sample.

Here is what we are going to track: do families come back if they get this kind of response? Do we decrease, increase or change whatsoever the recidivism rate for child maltreatment? Can we effectively change the risk level for kids if we provide services, can we stabilize the family, stabilize housing and income and other elements of the family by doing this? Will people be happier who get this service? Finally, our major goal is just to provide an opportunity to minimize the confrontational experience, enhance cooperation and strength in the family's ability to take care of itself.

So, what does this mean for today's topic? I think there are three things that it suggests. We know from earlier discussion that African American families are involved in the system disproportionately. We know that is true and probably to the greatest extent in Minnesota. We also know that neglect is the majority of what counties address: 70% of all reports in Minnesota are from neglect. We know for African American families there is even a greater percentage, especially in the urban counties, for neglect cases. The Alternative Response program works primarily with these cases. For once, disproportionality, I believe will be of help.

Both nationally and in Minnesota, African American families are more likely than white families to be treated with interventions that are very aggressive: with court and with placement. White families are more likely to be treated with counseling and with in-home services. We believe that a significant portion of African American families will be eligible for and receive an Alternative Response in the grant counties. The core of this program is to engage them in the process of keeping their kids safe, bringing community and other resources to them and funding those resources. Not placement, not court, but supportive services. Some counties are using community agencies to do that. Some of them are doing it themselves and some of them are contracting out. This will change the nature of the experience from a court experience, from an experience of placement, to hopefully an experience of having supportive services delivered in a respectful manner and appreciative of what family means in terms of safety for their kids.

There is a lot of promise and a lot of hope. I hope that three years from now when we have significant information from the research, we will be able to come back here and say the lives of those Minnesota families involved in the child protection system are better. Particularly, that Alternative Response has been supportive of African American families. Thank you.

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